# CONTRACT #17 RFS # 318.66-026

Department of Finance & Administration/Bureau of TennCare

**VENDOR:** 

Volunteer State Health Plan, Inc. (TennCare Select)



### STATE OF TENNESSEE BUREAU OF TENNCARE 310 Great Circle Road NASHVILLE, TENNESSEE 37243

## RECEIVED

MAR 1 3 2006

## FISCAL REVIEW

March 10, 2006

Mr. Jim White, Director Fiscal Review Committee 8<sup>th</sup> Floor, Rachel Jackson Bldg. Nashville, TN 37243

Attention: Leni Chick

RE: Bureau of TennCare Contracts Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee the following MCO amendments:

Volunteer State Health Plan	FA-02-14859-00
Unison Health Plan of Tennessee, Inc.	FA-02-14858-00
UAHC (formerly Omni Health Plan)	FA-02-14862-00
Windsor Health Plan of Tennessee, Inc.	FA-02-14864-00
Preferred Health Plan	FA-02-14863-00
John Deere	FA-02-14860-00
Memphis Managed Care Corp (TLC)	FA-02-14861-00
Volunteer State Health Plan, Inc.	FA-02-14632-00
(TennCare Select)	*,

At the request of the Center for Medicare and Medicaid Services (CMS), the Bureau of TennCare is modifying all of the MCO contracts to clarify that TennCare does not pay for benefits covered by Medicare Part D for dual eligible enrollees. In addition to this change, Volunteer State Health Plan, Inc. (TennCare Select), is also being modified to increase funding for critical access and essential hospital payments for FY 2006.

The Bureau of TennCare would greatly appreciate the consideration and approval of these amendments by the Fiscal Review Committee.

Sincerely,

Keith Gaither

**Deputy Chief Financial Officer** 

Cc:

J. D. Hickey, Deputy Commissioner

Darin Gordon Alma Chilton

## REQUEST: NON-COMPETITIVE AMENDMENT

# RECEIVED

MAR 1 3 2006

# FISCAL REVIEW

APPROVED	
Commissioner of Finance & Administration	 _
Date:	

A REQUEST CAN NOT E	ns below indicates specific info BE CONSIDERED IF INFORMAT INCH OF THE REQUIREMENTS	ormation that NON PROVIDI	must be individually detailed or add ED IS INCOMPLETE, NON-RESPONS AS REQUIRED	ressed as required
RFS# 318.66-0	26		(1997年3月) terrer (AGL) (AL) (ABB AL) (ABB ACC) ( ABB ACC)( ABB ACC)	oten daten 118 - 1295 Sir sertentung (1886-1890). 3
STATE AGENCY NAME:	Deparatment of Finance an	d Administrat	ion, Bureau of TennCare	
SERVICE CAPTION:	Provides TennCare covered MCO's fail	d services to	children in State custody and prov	ides a safety net should other
CONTRACT#	FA-02-14632-00		PROPOSED AMENDMENT#	13
CONTRACTOR:	Volunteer State Health Plan	, Inc.		
CONTRACT START DATE		July 1, 200	1 	
CURRENT, LATEST POSSI (including AEL options to ext		12/31/2006	***	
CURRENT MAXIMUM LIAB	LITY:	\$405,207,2	02.90	
LATEST POSSIBLE END D (including ALL options to ext		ENDMENT;	12/31/2006	
TOTAL MAXIMUM COST W (including ALL options to ext	ITH PROPOSED AMENDME end)	NT	\$461,627,304.90	!
APPROVAL CRITERIA : (select one)	use of Non-Competit	ive Negotiat	ion is in the best interest of the	state
	only one uniquely qu	alified servi	ce provider able to provide the	service
ADDITIONAL REQUIRED R	EQUEST DETAILS BELOW	(address ea	ch item immediately following the	requirement text)
(1) description of the prop	osed additional service and	l amendmen	t effects :	
As requested by CMS, this a both Medicare/Medicaid dual payments for State Fiscal Ye	eligibles. Additionally, this a	e stipulating to mendment p	hat Medicare Part D pays for drug rovides funding to support critical	s for those enrollees who are access and essential hospital

(2) explanation of need for the proposed amer	ndment :	
Part D clarification is to fulfill CMS request; incre	ase in critical access and ess	sential hospital payments to fund FY 2006.
(3) name and address of the proposed contract (not required if proposed contractor is a state		
BlueCross BlueShield 801 Pine St Chattanooga	a,TN 37402	
(4) documentation of OIR endorsement of the (required only if the subject service involves in		ent request :
selectione: Documentation Not	Applicable to this Request	Documentation Attached to this Request
(5) documentation of Department of Personne (required only if the subject service involves to	I endorsement of the Non-training for state employees)	Competitive procurement request :
selectione: Documentation Not	Applicable to this Request	Documentation Attached to this Request
(6) description of procuring agency efforts to i non-competitive negotiation	identify reasonable, compe	titive, procurement alternatives rather than to use
This Contractor is currently providing a network of	services for the TennCare P	rogram. This is an amendment to current contract.
(7) Justification of why the F&A Commissioner	should approve a Non-Co	mpetitive Amendment :
clarify Medicare Part D payments as they relate to	TennCare enrollees. This a	of TennCare is modifying all of the MCO contracts to mendment will allow continuation of services to the continued services. TennCare would greatly appreciate ion.
AGENCY HEAD REQUEST SIGNATURE:  (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)		1600
	SIGNATURE DATE:	
	a <u>n i en la maria di randare aggi delprir Galaria</u> Unio Silanda Perangana anti-	richine il dicultara incentica e cui port una recorda, el comuna con les cameratas en incentica vers

		CONTR	ACT SUMMARY	SHEET			•
RFS Number:	318.66-026			Contract Number:	FA-02-14632-13	3`,	
State Agency:	Department of Finance	and Administration		Division:	Bureau of TennCare	)	
	C	ontractor		Contr	act Identification	Number	
VSHP (TennCa	are Select)		,	□ V- □ C-			
			Service Description				
Managed Care	Organization Servi	ces (ASO) / Medically	necessary Health Ca	are Services to the	TennCare / Medi	icaid Population	
	Contra	act Begin Date			Contract End Da	te	
		7/1/2001			12/31/2006		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	е
318.66	532	134	11	☐ STARS			
			Interdepartmental			Amount (includi	ng
FY	State Funds	Federal Funds	Funds	Other Funding		nendments	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$	18,599,868	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$	33,079,942	
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$	63,490,156	
2005	\$ 58,007,447.00	\$ 58,007,447.00			\$	116,014,894	
2006	\$86,217,498.00		·			\$172,434,996	
2007	\$29,003,723.50					\$58,007,447	
Total:	\$220,895,719.85	\$ 240,731,585.05			\$	461,627,304	.90
CFDA#	93.778 Title XIX Dep	t. of Health &Human S	ivcs.		Check the box ONI	Y if the answer is	YES:
	State I	iscal Contract		is the Contractor a S	UBRECIPIENT? (per	r OMB A-133)	İ
Name:	Scott Pierce		310				Ī
Address:	Great Circle Road			is the Contractor a V	endor? (per OMB A	-133)	<b> </b>
Phone:	Nashville, TN (615)507-6415	•		Is the Fiscal Year Funding STRICTLY LIMITED?			
n.		get Officer Approval S	Signatura	Is the Contractor on			
FI	ocuring Agency Bud	get Officer Approvars		Is the Contractor's Fo		:D2	
Scott Pierce	Sittle	Th	<del></del>	Is the Contractor's Fo			
	COMPLETE FOR	ALL AMENDMENTS (o	nlv)		unding Certificat		
	001111 22121 011	Base Contract & Prior	<u></u>	Pursuant to T.C.A., Se	ection 9-6-113, I, M. [	D. Goetz, Jr.,	
	<del>-</del>	Amendments	This Amendment ONLY	Commissioner of Fina	nce and Administatio	n, do hereby certify	
CONTRA	CT END DATE:	12/31/2006		there is a balance in the		~	n is
FY: 2002		\$ 18,599,868.48		required to be paid that obligations previously		сыпрегео то рау	
FY: 2003		\$ 33,079,942.80	<u> </u>	obligations previously	miodirou.		
FY: 2004		\$ 63,490,156.62					
FY: 2005		\$116,014,894.00			•		
FY: 2006		\$116,014,894.00	\$56,420,102.00	•			
FY: 2007		\$58,007,447.00					
	Total:	\$ 405,207,202.90	\$56,420,102.00		•		

### AMENDMENT NUMBER 13

# AN AGREEMENT FOR THE ADMINISTRATION OF TENNCARE SELECT BETWEEN THE STATE OF TENNESSEE, d.b.a. TENNCARE AND VOLUNTEER STATE HEALTH PLAN, INC.

CONTRACT NUMBER: FA-02-14632-00

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Agreement for the Administration of TennCare Select by and between the State of Tennessee TennCare Bureau, hereinafter referred to as TENNCARE, and Volunteer State Health Plan, Inc., hereinafter referred to as the CONTRACTOR, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. The Pharmacy Benefit described in Sections 2-3.1.1 and 2 shall be amended by adding clarification of Medicare Part D coverage effective January 1, 2006 so that the amended Pharmacy Benefits shall read as follows:

### 2-3.1.1

**Pharmacy Services** (obtained directly from an ambulatory retail pharmacy setting, outpatient hospital pharmacy, mail order pharmacy those or administered to a longterm care facility resident (nursing facility)

As medically necessary. Non-covered therapeutic classes as described in Section 2-3.q, DESI, LTE, IRS drugs excluded.

Effective July 1, 2000 through December 31, 2005, TENNCARE is responsible (whether directly or through a PBM) for the provision and payment of pharmacy benefits to individuals who are enrolled in the TennCare Program in the category of TennCare Medicaid/Medicare dual eligible. (However, this does not include pharmaceuticals administered in a doctor's office.)

TENNCARE is not responsible for the provision and payment of pharmacy services for TennCare Medicaid/Medicare dual eligibles prior to the date that TENNCARE has notified the CONTRACTOR through the regular electronic eligibility update that these individuals are eligible in the TennCare/Medicare dual eligible category.

Effective July 1, 2003, the aforementioned covered pharmacy services shall be provided by the Pharmacy Benefits Manager (PBM) contracted by the TENNCARE Bureau. Pharmacies providing home infusion drugs and biologics <u>only (not including services)</u> shall bill the PBM.

Diabetic monitors and supplies as well as injectable drugs obtained directly from a pharmacy provider shall be included in the covered pharmacy services that will be provided by the TennCare Pharmacy Benefit Manager effective July 1, 2003.

The CONTRACTOR shall be responsible for reimbursement of injectable drugs obtained in an office/clinic setting in accordance with benefits described herein and to providers providing both home infusion services and the drugs and biologics. Effective July 1, 2005, the CONTRACTOR shall require that all home infusion claims contain NDC coding and unit information to be paid.

Effective August 1, 2005, unless the CONTRACTOR is otherwise notified by TENNCARE, the Benefit Limits for Pharmacy coverage, as provided by the PBM shall be as follows:

Non-Institutionalized Mandatory and Optional (other than Medically Needy) Medicaid Adults (Age 21 and older) and Pregnant Medically Needy Adults (Age 21 and older): 5 Prescriptions per Month of which only 2 may be Brand name

Institutionalized Medicaid Adults (Age 21 and older): As medically necessary

Medically Needy Non-Institutionalized, Non-Pregnant Adults (Age 21 and older): Non-covered.

Standard Eligible, Age 21 and older: Non-covered

Medicaid/Standard Eligible, Under age 21: As medically necessary

Effective January 1, 2006, provision and payment of pharmacy benefits to individuals who are enrolled in the TennCare Program in the category of TennCare Medicaid/Medicare dual eligible shall be administered by Medicare Part D.

2-3.1.2

### Pharmacy Services

Pharmacy services shall be provided by the Pharmacy Benefits Manager (PBM), unless otherwise described below.

Non-Institutionalized Mandatory and Optional (other than Medically Needy) Medicaid Adults (Age 21 and older) and Medically Needy Adults (Age 21 and older): 5 Prescriptions per Month of which only 2 may be Brand name

Institutionalized Medicaid Adults (Age 21 and older): As medically necessary

Standard Eligible, Age 21 and older: Non-covered

Medicaid/Standard Eligible, Under age 21: As medically necessary

NOTE:

Certain drugs (known as DESI, LTE, or IRS drugs) are excluded from coverage.

Limits on Pharmacy benefits as well as the effective dates thereof are subject to change based on Waiver and/or Court negotiations.

Effective July 1, 2003, the aforementioned covered pharmacy services shall be provided by the Pharmacy Benefits Manager (PBM) contracted by the TENNCARE Bureau. Pharmacies providing home infusion drugs and biologics <u>only (not including services)</u> shall bill the PBM.

Diabetic monitors and supplies as well as injectable drugs obtained directly from a pharmacy provider shall be included in the covered pharmacy services that will be provided by the TennCare Pharmacy Benefit Manager effective July 1, 2003.

### CONTRACTOR RESPONSIBILITIES:

The CONTRACTOR shall be responsible for reimbursement of injectable drugs obtained in an office/clinic setting in accordance with benefits described herein and to providers providing both home infusion services and the drugs and biologics. Effective July 1, 2005, the CONTRACTOR shall require that all home infusion claims contain NDC coding and unit information to be paid.

Services reimbursed by the CONTRACTOR shall not be included in the Pharmacy Benefit Limits as described above.

Effective January 1, 2006, provision and payment of pharmacy benefits to individuals who are enrolled in the TennCare Program in the category of TennCare Medicaid/Medicare dual eligible shall be administered by Medicare Part D.

- 2. Section 2-26 shall be amended by deleting and replacing item d so that the new item d shall read as follows:
  - d. Payments to the critical access hospitals under this amendment shall not exceed \$10,000,000 for State fiscal year 2006. In addition to any interest earned, TENNCARE agrees to pay the CONTRACTOR a sum sufficient to administer this amendment in accordance with state law. The total obligation to the CONTRACTOR under this amendment including the payments to the hospitals shall not exceed \$10,204,082 for State fiscal year 2006. At such time that Federal Regulations allow, TENNCARE may discontinue making supplemental pool payments through the CONTRACTOR during State fiscal year 2006.
- 3. Part a of Section 2-27 shall be deleted and replaced in its entirety so that the amended Section 2-27 shall read as follows:
  - a. Upon notice by TENNCARE, the Contractor will pay each provider the Quarterly Payment Due presented in the schedule provided by TENNCARE each quarter (period covering July 1, 2005 through June 30, 2006) of the State's fiscal year. The amount of quarterly payments may vary. The actual payment amount for each quarter will be provided by TENNCARE and will be based on the disbursement methodology recommended by TENNCARE's actuaries. Disbursements to

### Amendment 13 (cont.)

providers by the CONTRACTOR, under this amendment, shall not exceed \$150,000,000, as presented in the schedule provided by TENNCARE. In addition to any interest earned, TENNCARE agrees to pay the CONTRACTOR a sum sufficient to administer this amendment in accordance with state law. Payments to the CONTRACTOR, under this amendment, will not exceed \$153,061,224.

All of the provisions of the original Contract not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

STATE OF TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION	VOLUNTEER STATE HEALTH PLAN, INC
	BY:
BY:	Ronald E. Harr  President and Chief Executive Officer
M. D. Goetz, Jr.	
Commissioner	DATE:
DATE:	
	APPROVED BY:
APPROVED BY:	
	STATE OF TENNESSEE
STATE OF TENNESSEE	COMPTROLLER OF THE TREASURY
DEPARTMENT OF FINANCE	
AND ADMINISTRATION	
	BY:
	John G. Morgan
BY:	Comptroller
M. D. Goetz, Jr.	
Commissioner	DATE:
DATE:	

	1	CONT	RACT SUMMARY	SHEET	· · · · · · · · · · · · · · · · · · ·	
RFS Number:	318.66-026			Contract Number:	FA-02-14632-1	2
State Agency:	Department of Finance	and Administration		Division:	Bureau of TennCar	e
		Contractor		Conti	ract Identification	Number
VSHP (TennC	are Select)		•	□ V-		:
			Service Description	<u> </u>		
Managed Care	Organization Servi	ices (ASO) / Medicall	y necessary Health Ca	are Services to the	TennCare / Med	icaid Population
	Contr	ract Begin Date			Contract End Da	te
	•	7/1/2001			12/31/2006	
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	☐ STARS		<u> </u>
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding		Amount (including nendments
2002	\$ 6,755,937.23	\$ 11,843,931.25	AAR RE	FASEU	\$	18,599,868.48
2003	\$ 15,785,123.40	\$ 17,294,819.40	001111		\$	33,079,942.80
2004	\$ 25,125,990.72	\$ 38,364,165.90		1000	\$	63,490,156.62
2005	\$ 58,007,447.00	7	JAN U	, 100	\$	116,014,894.00
2006	\$58,007,447.00			- agents of the contract of th		\$116,014,894.00
2007	\$29,003,723.50		TO ACC	OUNIS		\$58,007,447.00
Total:	\$192,685,668.85		, , , , , ,		\$	405,207,202.90
CFDA#	93.778 Title XIX Dep	t. of Health &Human	Svcs.		Check the box ONL	Y if the answer is YES:
		iscal Contract	•	Is the Contractor a SI	UBRECIPIENT? (per	OMB A-133)
	Scott Pierce Great Circle Road Nashville, TN		310	Is the Contractor a Ve	,	,
	(615)507-6415		• ".	Is the Fiscal Year Funding STRICTLY LIMITED?		
· Pr	ocuring Agency Bud	get Officer Approval	Signature	Is the Contractor on STARS?		
Scott Pierce	(110)	Pn		Is the Contractor's FORM W-9 ATTACHED?		
· · · · · · · · · · · · · · · · · · ·	7-1-1			Is the Contractor's Fo	orm W-9 Filed with A	Accounts?
	COMPLETE FOR A	ALL AMENDMENTS (c	nly)		unding Certificati	ion
		Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Se	ction 9-6-113, I, M. D	). Goetz, Jr.,
CONTRAC	T END DATE:	12/31/2005	12-31-06	there is a balance in th	ice and Administation ie appropriation from	which this obligation is
Y: 2002		\$ 18,599,868.48		required to be paid that	t is not otherwise end	cumbered to pay
Y: 2003		\$ 33,079,942.80		obligations previously i		
Y: 2004		\$ 63,490,156.62			•	
Y: 2005		\$116,014,894.00				
Y: 2006		\$55,335,500.00	\$60,679,394.00	•		
Y: 2007			\$58,007,447.00			
	Total:	\$ 286,520,361.90	\$118,686,841.00		<i>:</i>	

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FISCAL REVIEW

MANAGEMENT SPRVINGS

### REQUEST: NON-COMPETITIVE AMENDMENT

## **RECEIVED**

JUN 2 0 2005

# FISCAL REVIEW.

APPROVED	 
e e	
Commissioner of Finance & Administration	
Date:	

A REQUEST CAN NOT B	ns below indicates specific information t BE CONSIDERED IF INFORMATION PRO ICH OF THE REQUIREMENTS INDIVIDUA	that <u>must</u> be individually detailed or addressed <u>as required.</u> VIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT ALLY AS REQUIRED.
RFS# 318.66-0	26 .	
STATE AGENCY NAME	Deparatment of Finance and Adminis	stration, Bureau of TennCare
SERVICE CAPTION:	Provides TennCare covered services MCO's fail.	s to children in State custody and provides a safety net should other
CONTRACT#	FA-02-14632-00	PROPOSED AMENUMENT# 11
CONTRACTOR	Volunteer State Health Plan, Inc.	
CONTRACT START DATE:	July 1, 2	2001
CURRENT, LATEST POSSII (including ALL options to exte		2005
CURRENT MAXIMUM LIABI	îLITY : \$286,5%	20,361,90
LATEST POSSIBLE END DY (including ALL options to exte	ATE <u>With Proposed Amendmen</u> end)	12/31/2005
TOTAL MAXIMUM COST <u>W</u> (including ALL options to exte	ITH PROPOSED AMENDMENT: and)	\$286,520,361.90
APPROVAL CRITERIA: (select one)	use of Non-Competitive Nego	otiation is in the best interest of the state
	only one uniquely qualified s	ervice provider able to provide the service
ADDITIONAL REQUIRED RI	EQÜEST DETAILS BELOW (addres	s each Item immediately following the requirement text)
(ii) description of the propr	osed additional service and amend	ment effects:

Implements the TennCare Reform language as approved by CMS and the courts; Requires NCQA accrediation; strengthens conflict of interst disclosure requirements; strengthens MCO financial requirements; establish and maintain web site for providers which provides enrollee patient information to be readily available to providers, as well as various other housekeeping issues involving language clarifications.
(2) explanation of need for the proposed amendment:
Due to TennCare changes recently approved by CMS and courts, it is necessary to amend the MCO contracts to conform to changes as well as providing needed amended requirements and language clarifications.
(3) name and address of the proposed contractor's principal owner(s):  (not required if proposed contractor is a state education institution)
BlueCross BlueShield 801 Pine St Chattanooga,TN 37402
(4) documentation of OIR endorsement of the Non-Competitive procurement request : (required only if the subject service involves information technology)
select one: Documentation Not Applicable to this Request Documentation Attached to this Request
(5) Hopumentation of Department of Personnel endorsement of the Non-Competitive procurement request (required only if the subject service involves training for state employees)
select one: Documentation Not Applicable to this Request Documentation Attached to this Request
(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation.
This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.
(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment:
The Bureau of TennCare is attempting to modify all of the MCO contracts to conform to recent changes in the Program. This amendment will allow continuation of services to the enrollees and further clarify their responsibilities. TennCare would greatly appreciate the approval of this amendment by the Department of Finance and Administration.
AGENGY HEAD REQUEST SIGNATURE: (must be sibned by the ACTUAL procuring agency head as detailed on the Signature. Certification on tile with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)  SIGNATURE DATE:

					•	•
	, , , , , , , , , , , , , , , , , , , ,	CONTRA	ACT SUMMARY	SHEET		
RFS Number:	318.66-026			Contract Number:	FA-02-14632-11	
State Agency:	Department of Finance a	and Administration		Division:	Bureau of TennCare	,
	G	ontractor		Contr	act Identification	Number
VSHP (TennCa		,		□ V-		
	* 1		Service Description			· · · · · · · · · · · · · · · · · · ·
Managed Care	Organization Service	es (ASO) / Medically	necessary Health Ca	re Services to the	TennCare / Medi	cald Population
	Contra	ct Begin Date			Contract End Da	te
	7/1/2001 12/31/2005					
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	☐ STARS		
			Interdepartmental	,	Į.	Amount (including
FY	State Funds	Federal Funds	Funds	Other Funding		nendments
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$	18,599,868.48
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$	33,079,942.80
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$	63,490,156.62
2005	\$ 58,007,447.00	\$ 58,007,447.00			\$	116,014,894.00
2006	\$27,667,750.00	\$ 27,667,750.00			\$	55,335,500.00
Total:	\$133,342,248.35	\$ 153,178,113.55		<u> </u>	<u>  \$</u>	<b>286,520,361.9</b> 0
CFDA#	93.778 Title XIX Dep	t. of Health &Human S	VC5.		Check the box ON	LY if the answer is YES
	State F	iscal Contract		is the Confractor a	SUBRECIPIENT? (pe	r OMB A-133)
Name:	Dean Daniel			is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street Nashville, TN					
Phone:	(615)532-1362	•		is the Fiscal Year Fi	unding STRICTLY LI	MITED?
D	<u> </u>	lget Officer Approval S	Ignature	is the Contractor or	STARS?	
	Total mig Agenty Duo	got officer s operator		Is the Contractor's	FORM W-9 ATTACH	ED?
Scott Pierce				Is the Contractor's	Form W-9 Filed with	
	COMPLETE FOR	ALL AMENDMENTS (o	nly)	D. L. L. TOA	Funding Certifica	
		Base Contract & Prior	This Amondment ONLY	Pursuant to 1.C.A., 3 Commissioner of Fin	Section 9-6-113, I, M. ance and Administati	on, do hereby certify that
		Amendments	This Attendance CAL	Tithere is a balance in	the appropriation from	n which this obligation is
	CT END DATE:	12/31/2005 \$ 18,599,868.48		required to be paid t	hat is not otherwise e	ncumbered to pay
FY: 2002	· · · · · · · · · · · · · · · · · · ·		<del></del>	obligations previous	y incurred.	
FY: 2003		\$ 33,079,942.80 \$ 63,490,156.62		₹		
FY: 2004		\$116,014,894.00	<del> </del>			
FY: 2005	-	\$55,335,500.00	<del> </del>	1		
FY: 2006	Total	\$ 286,520,361.90		<b>i</b>	•	
1	I VIAI		<u> </u>			

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<u> </u>		CONTR	CT SUMMARY	SHEET		
<u> </u>		CONTRA	C C SOMMAN	Contract Number:	FA-02-14632-10	
3 Number:	318.66-026			Contract Number		
te Agency:	Department of Finance an	d Administration		Division:	Bureau of TennCar	
		ntractor		Cont	ract Identification	Mimper
HP (TennC	are Select)	•				
			Service Description			15
	Organization Service	es (ASO) / Medically	necessary Health C	care Services to the	TennCare / Med	dicaid Population
inageo Care		ct Begin Date			Contract End Da	ate
	<u> </u>	/1/2001			12/31/2005	•
,	•		Fund	Grant	Grant Code	Subgrant Code
llotment Code	T	Object Code	11	STARS	· ·	
318.66	532,	134			Total Contrac	t Amount (including
	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	ALL:	amendments
FY 2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ \$	18,599,868.48 33,079,942.80
2002	\$ 15,785,123.40	\$ 17,294,819.40	<del> </del>		\$	63,490,156.62
2004 ·	\$ 25,125,990.72	\$ 38,364,165.90 \$ 58,007,443.00			\$ .	116,014,886.00
2005 · 2006	\$ 58,007,443.00 \$27,667,750.00	\$ 27,667,750.00		· (	\$	55,335,500.00 286,520,353.90
ZUUO	1: \$133,342,244.35	\$ 153,178,109.55			Check the box O	ONLY if the answer is YES
CFDA#	93,778 Title XIX Dep	t of Health &Human	Svcs.	In the Sendander	a SUBRECIPIENT? (	
		iscal Contract				ì
ame: .ddress:	Dean Daniel 729 Church Street				a Vendor? (per OME	i
honė:	Nashville, TN		:	Is the Fiscal Year Funding STRICTLY LIMITED?.		
	(615)532-1362 Procuring Agency But	inet Officer Approval	Signature	Is the Contractor	on STARS?	
	ridening rights	/		is the Contractor	's FORM W-9 ATTAC	HED?
Scott Pierce	/H/W		•	is the Contractor	's Form W-9 Filed w	ith Accounts?
··,	#OMBLETE FOR	ALL AMENDMENTS	(only)		Funding Certif	ication
<del></del>	BORFELLIGION	Base Contract & Prio	This Amendment O	u ve lanuminalanar of	., Section 9-6-113, i, Finance and Adminis	tation, do hereby certily tha
	LID DATE:	Amendments 12/31/2004	12/31/2005	there is a balance	in the appropriation 1	from which this obligation is e encumbered to pay
FY: 2002	RACT END DATE:	\$ 18,599,868.4	3	obligations previous	ously incurred.	
FY: 2003		\$ 33,079,942.8			•	
FY: 2004		\$ 63,490,156.6 \$110,671,000.0		.00		•
FY: 2005 FY: 2006		\$55,335,500.0	00			•
1 1:	Tota	1; \$ 281,176,467.9	0 \$ 5,343,886	5.00	•	• • • • • • • •
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	1	CONTRAC	T SUMMARY	SHEET				
	40.00.000			Contract Number:	FA-02-14632-09			
	318.66-026		•	Division:	Bureau of TennCare			
ate Agency:	Department of Finance an	d Administration			Contract Identification Number			
	Cor	ntractor		V 1				
	Colonti							
SHP (TennCal	le geleni)		ervice Description					
			ervice Descriptor.	are Services to the	TennCare / Medi	caid Population		
anaged Care			ecessary ricelling.	T	Contract End Da	te		
<u>-</u>	Contra	ct Begin'Date		<del> </del>				
	7.	/1/2001	• .		12/3 112000			
			<u> </u>	Grant	Grant Code	Subgrant Code		
Allotment Code	Cost Center	Object Code	Fund			٠.		
	. 532	134	11 .	☐ STARS	·			
318.66	0.52		Interdepartmental		Total Contrac	t Amount (including		
		Federal Funds	Funds	Other Funding				
FY	State Funds	\$ 11,843,931.25			\$			
.2002	\$ 6,755,937.23		<u> </u>		·\$			
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$			
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$			
2005	\$ 55,335,500.00	\$ 55,335,500.00			\$			
2006	\$26,667,750.00	\$ 26,667,750.00			\$			
Total	\$129,670,301.35	\$ 149,506,166.55			Check the box O	NLY if the answer is Y		
CFDA#		93.778			sijepecipient? (c	er OMB A-133)		
	State	Fiscal Contract				1		
Name:	Dean Daniel		•	Is the Contractor	a Vendor? (per OMB	A-133)		
Address:	729 Church Street	•						
Phone:	Nashville, TN			is the Fiscal Year Funding STRICTLY LIMITED?				
	(615)532-1362	/	· · · · · · · · · · · · · · · · · · ·	is the Contractor	on STAR5?			
<u> </u>	rocuring Agency Bur	dget Officer Approval S	ignature .			HED?		
	14/					1		
Scott Pierce	67716	//w		is the Contractor	's Form W-9 Filed wi	entification Number  Care / Medicaid Population  tract End Date  12/31/2005  Grant Code Subgrant Code  Otal Contract Amount (including ALL amendments  18,599,868.48  33,079,942.80  63,490,156.62  110,671,000.00  281,176,467.90  eck the box ONLY if the answer is YES  RECIPIENT? (per OMB A-133)  tor? (per OME A-133)  ng STRICTLY LIMITED?  ARS?  M W-9 ATTACHED?  In W-9 Filed with Accounts?  Inding Certification  ion 9-6-113, 1, M. D. Goetz, Jr.,  is and Administration, do hereby certify the appropriation from which this obligation is appropriation from which this obligation is not otherwise encumbered to pay		
	<u> </u>	ALL AND MENTS (	witt)		Funding Certifi	cation		
	COMPLETE FOR	Base Contract & Prior		Pursuant to T.C.A	L, Section 9-6-113, I, I	m. D. Goek, Jr., ation do bereby certify i		
		Amendments:	This Amendment Of	ILY Commissioner of	to the sonrouristion f	rom which this obligation		
	TAID DATE	12/31/2004	12/31/2005	nere is a paramor	id that is not otherwise	encumbered to pay		
	RACT END DATE:	\$ 18,599,868.48		obligations previo	ously incurred.	•		
FY: 2002		\$ 33,079,942.80				•		
FY: 2003	<u></u>	\$ 63,490,156.62						
FY: 2004		\$39,155,080.00	1 \$71,515,920	.00	•	:		
FY: 2005	<del></del>	400,,00,00	\$55,335,50	0.00	h-			
FY: 2006	Total	al: \$ 154,325,047.90	\$ 126,851,420	.00		-		
	100		75.511			•		

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		CON	TRA	CT SUMMARY	SHEET	<u> </u>		_	
RFS Number:	318.66-026		•		Contract Number:	FA-02-14632-08	·	_	
State Agency:	Department of Finance at	od Administration			Division:	Bureau of TennCare .			
	Co	ntractor	<u> </u>	<u> </u>	Contr	act Identification I	Number	<del></del>	
VSHP (TennCa	<u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			V.				
				Service Description					
Managed Care	Organization Service	es (ASO) / Medio	cally r	ecessary Health Co	are Services to the	TennCare / Medi	icaid Population		
		ct Begin Date				Contract End Da	te		
		/1/2001				12/31/2004			
	· Cost Center	Object Code	$\neg  op$	Fund	Grant .	Grant Code	Subgrant Code		
Allotment Code 318.66	532	134		11	☐ STARS				
FY	State Funds	Federal Fund	s	interdepartmental Funds	Other Funding	ALL a	Amount (includir		
2002	\$ 6,755,937.23	\$ 11,843,931	.25			\$	33,079,942		
2003	\$ 15,785,123.40	\$ 17,294,819	.40			\$	63,490,156		
2004	\$ 25,125,990.72	\$ 38,364,165		<u> </u>		\$ \$	39,155,088		
2005	\$ 13,935,109.85	\$ 25,219,978	.15		<del></del>	- W	00111010		
					\$ . 154,325,0				
Total	\$ 61,602,161.20	\$ 92,722,894	1,70				ILY if the answer is	ZES	
CFDA#		93.778							
	State I	Fiscal Contract			Is the Contractor a SUBRECIPIENT? (per OMB A-133)				
Name: Address:	Dean Daniel 729 Church Street	,		• ,	is the Contractor a	Is the Contractor a Vendor? (per OMB A-133)			
Phone:	Nashville, TN		•	•	Is the Fiscal Year F	is the Fiscal Year Funding STRICTLY LIMITED?			
ļ	(615)532-1362	Land Office of Amore	aval S	lianature	Is the Contractor o	n STARS?		<u> </u>	
F	Procuring Agency Bud	of A	Oval C	·		FORM W-9 ATTACH	IED?	<u> </u>	
Scott Pierce	Beeth &	fallow	•		is the Contractor's	Form W-9 Filed with		$\perp$	
<del></del>	COMPLETE FOR	ALL AMENDMEN	ITS (o	only)		Funding Certific	ation		
<b> </b>		Base Contract &	Prior		Pursuant to T.C.A., LY Commissioner of F	Section 9-6-113, I, M	i, D. Goeiz, 31., tion, do hereby certify	tha	
		Amendment	This Amendment ON	Tithore is a naighte	n the appropriation is	THE AUTHOR I WAS A DOUBLE OF	an is		
CONTR	ACT END DATE:	1	0.45		remained to be paid	that is not otherwise	encumbered to pay	•	
FY: 2002		\$ 18,599,86			— obligations previou	sly incurred.			
FY: 2003		\$ 33,079,94			<b>-</b>   `		· · · · · · · · · · · · · · · · · · ·		
FY: 2004		\$ 63,490,15		\$5,060,114.0	00			_	
FY; 2005	<u></u>	\$ 34,094,97	4.00	φυ,υου, 114.	7		•	•	
FY:	· • • •	\$ 149,264,94	11 00	\$ 5,060,114.	00				
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· 		CONTRA	CT SUMMARY S	HEET				
		CONTRA	· · · · · · · · · · · · · · · · · · ·		FA-02-14632-07			
UFS Number:	318.66-026			Contract Number:	FA-02-14032-01			
	Department of Finance a	nd Administration		Division:				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ontractor		, Conti	Contract Identification Number			
		Jis Hadeo!		v	F	:		
VSHP (TennCa	are Select)			□ C-	•			
· · · · · · · · · · · · · · · · · · ·		42	Service Description		T	anid Danulation		
Managed Care	Organization Service	es (ASO) / Medically	necessary Health Ca	re Services to the	e TennCare / Miedi			
<del>, _</del>		ct Begin Date			Contract End Dat	ie		
		7/1/2001		l	12/31/2004			
				Grant	Grant Code	Subgrant Code		
Allotment Code	Cost Center	Object Code	Fund	<u></u>		,		
318.66	532	134	·11	STARS	<u> </u>			
	<del> </del>		Interdepartmental		1	Amount (including mendments		
FY	State Funds	Federal Funds	Funds	Other Funding	\$ ALL B	18,599,868.4		
2002	\$ 6,755,937.23	\$ 11,843,931.25		<del> </del>	\$	33,079,942.8		
2003	\$ 15,785,123.40	\$ 17,294,819.40		ļ <u> </u>	\$	63,490,156.6		
2004	\$ 25,125,990.72	\$ 38,364,165.90		<del> </del>	\$	34,094,974.0		
2005	\$ 12,121,615.63	\$ 21,973,358.37		<u> </u>	<u> </u>	34,004,014.0		
2000				<del> </del>	\$ .	149,264,941.9		
Total	: \$ 59,788,666.98	\$ 89,476,274.92				LY if the answer is YE		
CFDA#		93,778						
	State	Fiscal Contract			SUBRECIPIENT? (pe	t e		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)				
Address: ,	729 Church Street	. •		Is the Fiscal Year Funding STRICTLY LIMITED?				
Phone:	Nashville, TN (615)532-1362					TMUTEDS		
. 1		dget Officer Approval	Signature	is the Contractor	on STARS?			
	/\		,	( Is the Contractor	s FORM W-9 ATTACH	ED?		
Dean Daniel	(1)0000	1 James	/ / hellow	<i>i</i>	s Form W-9 Filed with	ï.		
_	4 1000	100000	< 66404	Is the Convacuor	Funding Certific			
	COMPLETE FOR	ALL AMENDMENTS (	(only)	Dureuant to T.C.A	Section 9-6-113, I. M	l. D. Goetz, Jr.,		
		Amendments	This Amendment ON	Y Commissioner of I	Finance and Administa	tion, do hereby certify t		
		7 1111111111111111111111111111111111111		there is a halance	in the appropriation fro	om which this obligation		
	ACT END DATE:	\$ 18,599,868.48	3	required to be pai	d that is not otherwise	encumbered to pay		
FY: 2002		\$ 33,079,942.80		obligations previo	usiy maured.	,		
FY: 2003	· · · · · · · · · · · · · · · · · · ·	\$ 63,490,156,62		•				
FY: 2004		\$ 34,094,974.00			-			
FY: 2005		ψ Outrocker φ		<b>-1</b> .	•	• •		
FY:	Tota	al: \$ 149,264,941.90	0 \$ -			_		
	T Uiz	ATE AP TO SECURE			,	<b>E</b> 9 <b>E</b>		

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· · · · · · · · · · · · · · · · · · ·		CONTRA	ACT SUMMARY	SHEET	<b>1</b>			
rs Number:	318.66-026	• .		Contract Number:	ntract Number: FA-02-14632-06			
tate Agency:	Department of Finance a	nd Administration		Division:	Bureau of TennCare	,		
<u></u>	LC	ontractor			ract identification I	lumber		
	Calont\			☐ V·		,		
/SHP (TennCa	are Select)		n benedete			<u> </u>		
	9	<del> </del>	Service Description	<u> </u>	TannCaro / Madi	esid Population		
Managed Care	Organization Servic	es (ASO) / Medically	necessary Health	Care Services to tri	S Lettinosie / Interdi	Gara Loboradou		
		ct Begin Date			Contract End Da	ie		
	7	//1/2001			12/31/2004			
All I was Calle	tment Code Cost Center Object Code Fund				Grant Code	Subgrant Code		
Allotment Gode 318,66	839	134	11	☐ STARS				
	<del> </del>		Interdepartments		1	t Amount (including mendments		
FY	State Funds	Federal Funds	Funds	Other Funding	\$ ALL a	18,599,868.48		
2002	\$ 6,755,937.23	\$ 11,843,931.25			-   \$	33,079,942.80		
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$	63,490,156.62		
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$	34,094,974.00		
2005 .	\$ 12,121,615.63	\$ 21,973,358.37						
	# F0 700 CCC DB	\$ 89,476,274.92			\$	149,264,941.9		
Tota	i: \$ 59,788,666.98	93.778	<u> </u>	Check the box ONLY if the answer				
CFDA#	Ctata '	Fiscal Contract		Is the Contractor	a SUBRECIPIENT? (p	er OMB A-133)		
	Deen Daniel	Piscai Comunici		is the Contractor a Vandor? (per OMB A-133)				
Name: Address:	729 Church Street	•	•	<del></del>		į.		
Phone:	Nashville, TN (615)532-1362	•		is the Fiscal Year	Funding STRICTLY 1	IMITED?		
	Procuring Agency But	dget Officer Approval	Signature	is the Contractor	on STARS?			
	Procuring Agency Du	C: "	)	in the Contractor	's FORM W-9 ATTAC	HED?		
Dean Daniel	( )con!	Daniel	12/23/0	_	's Form W-9 Filed wit			
<u></u>	COMPLETE FOR	ALL AMENDMENTS	(only)		Funding Certific	ation		
<u> </u>	SOMP LETE 1 OF	Base Contract & Prio	rt /	Pursuant to T.C./	., Section 9-6-113, I, N	M. D. Goetz, Jr., ation, do hereby certify th		
		Amendments.	This Amendment C	there is a haland	a in the appropriation fr	om which this obligation		
	RACT END DATE:	# 40 E00 BCD 41	<del> </del>	required to be ba	id that is not otherwise	encumbered to pay		
FY: 2002		\$ 18,599,868.44 \$ 33,079,942.80		obligations previ	ously incurred.			
FY: 2003		\$ 29,395,182.6		4.00		•		
FY: 2004		ψ 20,000,102,0	\$ 34,094,97					
FY: 2005		<del></del>				•		
FY:	Tota	1: \$ 81,074,993.9	0 \$ 68,189,94	8.00				
						高量…		
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•		CONTRA	CT SUMMARY	SHEET	, , , , , , , , , , , , , , , , , , ,			
RFS Number:	318.66-026			Contract Number:	FA-02-14632-05	<u></u>		
State Agency:	Department of Finance ar	nd Administration		Division:	Bureau of TennCare			
		ntractor		Contr	act identification I	Number		
VSHP (TennCa				□ V-		•		
	· · · · · · · · · · · · · · · · · · ·		Service Description	1				
Managed Care	Organization Service	es (ASO) / Medically	necessary Health Ca	are Services to the	TennCare / Medi	caid Population		
		ct Begin Date			Contract End Dat	te		
	<del></del>	/1/2001	,		12/31/2003	•		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code		
318.66	839 .	134	11	☐ STARS		•		
FY	State Funds	Federal Funds	Interdepartmental - Funds	Other Funding	ALL at	Amount (including mendments		
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$	18,599,868.4		
2003	\$ 15,785,123.40	\$ 17,294,819.40	OCR RH	<u> LASEU</u>	\$	33,079,942. 29,395,182.		
2004	\$ 13,004,375.09	\$ 16,390,807.53			\$	29,395,102.5		
•			DEC 1	<del>5 2003</del> -	· · · · · · · · · · · · · · · · · · ·			
	T 05 515 405 70	\$ 45,529,558.18°		<del> </del>	\$	81,074,993.9		
. Total:	\$ 35,545,435.72	93.778	111 \( \D \) (1	HINTS	Check the box ON	LY if the answer is YE		
CFDA# '		<del></del>		le the Contractor a	SUBRECIPIENT? (pe	er OMB A-133)		
		iscal Contract			•			
Name: . Address:	Dean Daniel 729 Church Street			Is the Contractor a	Vendor? (per OMB A	<u>4-133)</u>		
Phone:	Nashville, TN (615)532-1362	•		is the Fiscal Year F	Is the Fiscal Year Funding STRICTLY LIMITED?			
		get Officer Approval S	Signature	Is the Contractor o	n STARS?	·		
<del>-</del> <del>-</del>			1 1	is the Contractor's	FORM W-9 ATTACH	ED?		
Dean Daniel	1) Rank	and	12/11/03	is the Contractor's	Form W-9 Filed with	1 Accounts?		
<del></del>	COMPLETE FOR	ALL AMENDMENTS (	only)		Funding Certific			
<del> </del>		Base Contract & Prior Amendments	This Amendment ONL	Pursuant to T.C.A., Y Commissioner of Fi	Section 9-6-113, I, M	. D. Goetz, Jr., tion, do hereby certify th		
	A OT END DATE:	Amenoments	1109 Wittendiserr Old	there is a balance it	n the appropriation fro	m which this obligation		
	ACT END DATE:	\$ 18,599,868.48	1.	required to be paid	that is not otherwise e	encumbered to pay		
FY: 2002 FY: 2003		\$ 33,079,942.80	·	obligations previous	siy incurred.	•		
FY: 2004		\$ 24,372,429.50		2 Suret	12-9-03			
FY:	, and the same of			$\Box$				
FY:								
<del></del>	Total	\$ 76.052.240.78	\$ 5,022,753.1	2				

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	<u> </u>	CONTRA	CT SUMMARY	SHEET				
'		0.2 ¢	•	Contract Number:	FA-02-14632-04			
FS Number:	310 08			Division:	Bureau of TennCaré			
State Agency:	Department of Finance ar	nd Administration		I = :	ntract Identification Number			
	Co	ntractor		V- 1				
/SHP (TennCa	are Select)		·	☐ C-				
			Service Description					
Cara	Organization Service	es (ASO) / Medically	necessary Health C	are Services to the	ennCare / Medi	cald Population		
vanageo Care	: Organization Commo	ct Begin Date		'	Contract End Da	te		
		71/2001	,		12/31/2003	,		
		Object Code	Fund	Grant &	Grant Code	Subgrant Code		
Allotment Code	· '	134	. 11	.STARS		1		
318.66	839	134	Interdepartmental		1	t Amount (including mendments		
FY	State Funds	Federal Funds	Funds	Other Funding	\$	18,599,868.48		
2002	\$ 6,755,937.23	\$ 11,843,931,25			\$	33,079,942.80		
2003	\$ .15,785,123.40	\$ 17,294,819.40			\$	24,372,429.50		
2004	\$ 11,153,919.98	\$ 13,218,509.53						
	<del> </del>	<u> </u>				76,052,240.78		
Tota	1: \$ 33,694,980.61	\$ 42,357,260.18				NLY if the answer is YES:		
CFDA#		93,778	<u></u>	Toute Contractor	a SUBRECIPIENT? (p	er OMB A-133)		
·	State	Fiscal Contract	<u></u>			. 1		
Name:	Dean Daniel	•		Is the Contractor a Vendor? (per OMB A-133)				
Address:	729 Church Street Nashville, TN		•	Is the Fiscal Year Funding STRICTLY LIMITED?				
Phone:	/615\532-136Z		Signature :	is the Contractor	on STARS?			
<u>.</u>	Proxyring Agency Bu	dget Officer Approval	Signature /		's FORM W-9 ATTAC	HED?		
Dean Daniel	1 0000	1 minus	1 HIMA		r's Form W-9 Filed wi			
Legil Deliner	Wear	Will Well	<del></del>		Funding Cerum	cation		
,	COMPLETE FOR	R ALL AMENDMENTS Base Contract & Pro		Pursuant to T.C.J	A., Section 9-6-113, I, I	M. D. Goetz, Jr.,		
	·· .	Amendments	This Amendment O	ar and a substitution of	a in the approppidation t	ation, do hereby certify that rom which this obligation is		
CONT	RACT END DATE:	- (a = ne ne d	<u> </u>	so ed of heriver	id that is not otherwise	e encumbered to pay		
FY: 2002		\$ 18,599,868.4		obilgations previ	ously incurred.	•		
FY: 2003		\$ 33,079,942.8 \$ 18,366,944.5	0 \$ 6,005,485	.00				
FY: 2004		\$ 18,366,944.5			•	• •		
FY:	<u> </u>				*	• .		
FY:	Tob	al: \$ 70,046,755.7	8 \$ 6,005,48	5.00		•		

				OT CURRENTARY	CHEET	•	ł
•	•		CONTRA	CTSUMMARY		<del></del>	
FS Number:	318-66	~ (	326	•	Contract Number:	FA-02-14632-03	
	Department of Finance at	art Az	iminietration		Division:	Bureau of TennCare	
tate Agency:	· · · · · · · · · · · · · · · · · · ·				Con	tract identification i	Number
	. Gr	ntra	ctor		V-		
/SHP. (TennCa	re Select)				☐ C-		
				Service Description			
	Oirotion Spain	es /	ASO) / Medically I	necessary Health C	are Services to th	e TennCare / Med	icaid Population
Managed Care						Contract End Da	te
	Contra	ct B	egin Date		<u> </u>	12/31/2003	
	7	/1/2	.001				1
	1 - 10 - 1-		Object Code	Fund	Grant	Grant Code	Subgrant Code
Allobment Code	Cost Center			11	☐ STARS		
318.66	839.		134			Total Contrac	t Amount (including
·				interdepartmental	Other Fundin		mendments
FY	State Funds		Federal Funds	Funds	Outer I direit	\$ .	18,599,868.48
2002	\$ 6,755,937.23	\$	11,843,931.25	<u>`</u>		\$	33,079,942.80
2003	\$ 15,785,123.40	\$	17,294,819.40			\$	18,366,944.50
2004	\$ 9,183,472.25	\$	9,183,472.25		<del></del>		
2007		Γ					
<u> </u>						5	70,046,755.78
Total	\$ 31,724,532.88	\$	38,322,222.90		<del></del>		NLY if the answer is YE
CFDA#			93,778				
<u> </u>	State	Fist	al Contract		is the Contracto	ra SUBRECIPIENT? (p	oer OME A-133)
	Dean Daniel		,		is the Contracto	r a Vendor? (per OMB	A-133)
Name: Address:	729 Church Street			• ,		,	· •
Phone:	Nashville, TN		•	•	is the Fiscal Yea	ar Funding STRICTLY	LIMITED?
•	(615)532-1362		<del></del>		is the Contracto	or on STARS?	
F	Procuring Agency Bu	dge:	Officer Approval	Signature			
	$\overline{\wedge}$	\	: ()	. 1 1	is the Contracto	or's FORM W-9 ATTAC	HEUY
Dean Daniel	1 pante	'n	110	6/30/03	is the Contracto	or's Form W-9 Filed wi	th Accounts?
	Dec 1	<u> </u>	7	ambel .		Funding Certific	cation
	COMPLETE FOR	<u> AL</u>	L AMENDMENTS ( lase Contract & Prior	only)	Pursuant to T.C.	.A., Section 9-6-113, I, I	M. D. Goetz, Jr.,
,		ן י	Amendments	This Amendment O	NLY Commissioner of	of Finance and Administ	ation, do hereby certify the
<u> </u>	· ( ·	╌┼╌	Zanename			ce in the appropriation in aid that is not otherwise	encumbered to pay
I	ACT END DATE:	+			oplications prev	iously incurred.	
FY: 2002					Uping addition pro-		• • •
FY: 2003			<u> </u>				
FY: 2004		-			Ţ	•	•
FY:		+			•	•	•
FY:	Total	,-	<u> </u>	\$	- '	•	
1	100	li.	Ψ			• •	•

COMPTROLLER'S OFFICE OF WANGES

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Office Grand Transfer Review

· · · · · · · ·	-	, , , , , , , , , , , , , , , , , , ,	CT SUMMARY	SHEET			. 1	
ر بر برای		. CONTRA	(C) SOMINATE	Contract Number:	FA-02-14632-02		一	
mber:	318.66 <del>-</del> 026	_		Contract Number	<del> </del>			
<del>,  </del>	Department of Finance a	nd Administration	•	Division:				
gency:		ontractor			ract Identification h	Number		
		HILL MOLLS!	•		•	•	•	
•	re Select)		Service Description	□ C <sub>+</sub>				
			Service Description	are Services to the	TennCare / Medi	caid Population	i	
<sub>ged</sub> Čare	Organization Service	es (ASO) / Medically	necessary Health C	ale delvisos to an	Contract End Dat	<u>.                                    </u>	•	
	Contra	ct Begin Date		<del> </del>		• •		
		//1/2001	•		12/31/2003	·		
٠			Fund	Grant	Grant Code	Subgrant Cod	le ;	
nent Code	Cost Center	Object Code	1	STARS		1		
318.66	839	134	11		Total Contract	Amount (includ	ing	
			Interdepartmental	Other Funding		mendments	<u>.                                    </u>	
FY	State Funds	Federal Funds	. Funds		<u> </u>	18,599,86		
002	\$ 6,755,937.23	\$ 11,843,931.25			\$	33,079,94		
2003	\$ 15,785,123.40	\$ 17,294,819.40		<del></del>	\$	18,366,94	<b>4.</b> 5U	
2004	\$ 9,183,472,25	.\$ 9,183,472.25	<u> </u>					
		<u> </u>				70,046,75	5 7F	
	\$ 31,724,532.88	\$ 38;322,222.90	·		\$	(LY If the answer is		
Total	\$ 31,724,332.00	93,778					Ť	
FDA#	<u> </u>			Is the Contractor	Is the Contractor a SUBRECIPIENT? (per OMB A-133)			
· 		Fiscal Contract			a Vendor? (per OMB.			
£ .	Dean Daniel 729 Church Street	•					1	
ess: ·	Nashville, TN			is the Fiscal Year	Funding STRICTLY 1	IMITED?	-	
e:, 	(615)532-1352		P2	Is the Contractor				
Ī	Procuring Agency Bu	dget Officer Approval	Signature		's FORM W-9 ATTAC	HED?	- [	
	7. \ · ·	6): 1	<i>j</i>					
n Daniel '	1 lear	1 Bruch	<b>.</b>	is the Contractor	's Form W-9 Filed wit	th Accounts r		
		R ALL AMENDMENTS	(only)		Funding Certific	Marton Neel		
	COMPLETE FOR	Base Contract & Prip				ify tha		
	••	Amendments	This Amendment O	NLY Commissioner of	e in the appropriation fi	rom which this obliga	ilion i	
	RACT END DATE:	12/31/2003			id that is not otherwise	encumbered to pay		
	CAUI END DAILE.	\$ 18,599,868.4	8	oblinations.previ	ously incurred.	_		
2002		\$ 28,036,976.8		.00	•	·		
2003		\$ 18,366,944.5	0				•	
2004							,	
			5.040.005	500	•	•		
	Tof	al: \$ 65,003,789.7	8 \$ 5;042,966	3.00	•			

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COMPTROLLER'S OFFICE
MANAGEMENT SERVICES

·	•		' CONTRA	/CT	SUMMARY	SHEET		:		
RFS Number:	318.66-07	b	+			Contract Number:	FA-02-14632-01			
State Agency:	Department of Finance a	nd A	dministration			Division:	Bureau of TennCare	•		
	C.	onti	actor			Contr	act identification l	Number		
VSHP (TennCa	are Select)				•	C-   V-				
				Serv	ice Description					
Managed Care	Organization Service	es (	ASO) / Medically	nece	essary Health Ca	are Services to the	TennCare / Medi	caid Population		
			egin Date				Contract End Da			
		//1/2					12/31/2003	•		
Allotment Code	Cost Center		Object Code		Fund	Grant	Grant Code	Subgrant Code		
318.66	]	   	134		11	☐ STARS		,		
* FY	State Funds		Federal Funds	Int	erdepartmental Funds	Other Funding	ALL ar	Amount (includir mendments		
2002	\$ 6,755,937.23	\$	11,843,931.25	•			\$	18,599,868.		
2003	\$ 14,018,488.40	\$	14,018,488.40			,	\$	28,036,976.		
2004	\$ 9,183,472.25	\$	9,183,472.25				\$	18,366,944.		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					•				
, Total:	\$ 29,957,897.88	\$	35,045,891.90				\$	65,003,789		
CFDA#			. 93.778	-	1		Check the box ON	LY if the answer is \		
	State )	-isc	al Contract .			Is the Contractor a	SUBRECIPIENT? (pe	er OMB A-133)		
Name:	Dean Daniel				,		Vendor? (bor OMD /	\_ <del>-12</del> 3\		
Address:	729 Church Street		•			Is the Contractor a Vendor? (per OMB A-133)				
Phone:	Nashville, TN (615)532-1362				•	Is the Fiscal Year F	Is the Fiscal Year Funding STRICTLY LIMITED?			
D	rocuring Agency But	taat	Officer Approval 5	ions	iture	Is the Contractor o	n STARS7			
	Tocoming Agency Duc	7	Omoc. Approve				FORM W-9 ATTACH	ED?		
Dean Daniel	wear!	Ú	mel			is the Contractor's	Form W-9 Filed with			
	COMPLETE FOR	ALI.	. AMENDMENTS (c	nly)			Funding Certifica	ation		
		Ba	se Contract & Prior		s Amendment ONL	Pursuant to T.C.A.,	Section 9-5-113, I, C.	Warren Neel, ion, do hereby certify		
		┿	Amendments	11115	12/31/2003	there is a halance in	name and commission from	m which this obligatio		
	ACT END DATE:	5	12/31/2002 18,599,868.48	-		required to be paid	that is not otherwise e	ncumbered to pay		
FY: 2002		5	9,670,032.30	\$	18,366,944.5		sly incurred.	•		
FY: 2003		14	4,010,002.00	\$	18,366,944.5					
FY: 2004		╫		4	10100010 1 110					
FY:		+		-	<del></del>		,	• • •		
FY:	Total	: \$	28,269,900.78	\$	36,733,889.0	តា 💮		•		
l	10(a)	. Ψ	20,200,000.10	1 4	++1510+310	<b></b>		•		

TOTALLERS OFFICE 
· (4)		C O	ŇΤR	ACT	. S JJ	M M A	R '	Y SH	EE	T ::*	Ser (1, 1, 2, 1, 1, 1)	
Contract	Number	FA-C	2-14	632-	0	State Age	ncy	Tennessee D	eparlm	ent of Finance	and Administration	
				•	1	Division		Bureau of Te	ennCare			
5		Contr	actor					Venc	or ID N	lumber		
VSHP (Te	ennCare S	elect)				□ V			_		•	
, ,	• .					☐ C	.	,			•	
٠.			· · · · · · · · · · · · · · · · · · ·		Service D							
Managed	Care Orga	nization Servic		Medically ne	cessary He	alth Care Se	ervice				ulation	
		Contract B	egin Date		,	Contract End Date						
07/01/01	. " ,		·	<u> </u>	,	12/31/02		·				
Allotmer	nt Code	Cost Center	r Ob	ect Code	Fu	nd		Grant	Gr	ant Code	Subgrant Code	
318.	.66	839		134	1	1		on STARS		•	1	
· FY	Stat	e Funds	Federal	Funds		partmental unds	•	Other Fundi	ng		entract Amount <u>ALL</u> amendments)	
2002		6,755,937.23		843,931.25			_		·	· · ·	18,599,868.48	
2003		3,512,397.48	6,	157,634.82	,		-			<u> </u>	9,670,032.30	
					<del></del>		+-			-		
				_ <del>`</del>		<del></del>						
Total	1	0,268,334.71	18,	001,566.07						•	28,269,900.78	
			,									
	Fiscal Ye	ar Funding is	Strictly Lim	ited		CFDA Nui	mber	93.778			<u> </u>	
	Contract	or is on STAR	S					State	Fiscal	Contact		
П	Current l	form W-9 On F	ile With Ac	counts		Name	j	Ceith Gaither		•	•	
	OR	9 Attached	••	• • •		Address Phone	7	29 Church Str	eet, Na	shville TN 37	247-6501	
· L_	. FOLILI AN-	a wronieri		•		1,110,10	1	615) 532-1362	<u>l</u>		• •	
	Service I	Provider Regis	tered with	F&A	•	Procuring Agency Budget Officer Approval Signature						
		or is a SUBRE ed by OMB Cir		3)		Keith Gaither/ Raw 6/29/01						
. (	COMPLE	E FOR ALL	AMENDM!	ENTS (only	)			Fund	ing Ce	tification		
		Base Co	ntract &	This Ame	endment	Pursuant to	T.C	A., Section 9-5	-113, i,	John D. Ferg	uson, Commissioner of	
		Prior Ame	ndments	ONI	LY .	appropriation	on fro	m which this o	bligation	is required	ere is a balance in the to be paid that is not	
Contrac	t End Date	· [	-			otherwise e	encum	bered to pay obl	ligations	previously inc	urred	
	<del></del>	<del>-  </del>	•			<b>!</b>		•			•	
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<del></del>		+			<del></del> ;	İ		٠ ۵	CR Us	e Only		
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				•	·			TOTE	, (L.)	FIG W	F-1/#) )	
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Office of Contracts Review